FOND DU LAC COUNTY HEALTH CARE CENTER

459 EAST 1ST STREET

FOND DU LAC 54935 Phone: (920) 929-3500 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 99 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 99 Average Daily Census: 94 Number of Residents on 12/31/00: 90

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	· ·	14. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 3
Supp. Home Care-Household Services	ome Care-Household Services No   Developmental Disabilities		3. 3	Under 65	20. 0	More Than 4 Years	42. 2
Day Services No   Mental Illn		Mental Illness (Org./Psy)	42. 2	65 - 74	23. 3		
Respite Care No   Mental Illness		Mental Illness (Other)	51. 1	75 - 84	42. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	14. 4	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0.0	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	0.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & Over	80. 0		
Transportation +	No	Cerebrovascul ar	3. 3			RNs	5.4
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	9.8
Other Services	No	Respiratory	0.0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	44. 4	Aides & Orderlies	36. 3
Mentally Ill	Yes			Female	55. 6		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100.0	[	
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Method of Reimbursement

		Medic:	are		Medi c	ai d											
(Title 18)		(	(Title 19)			0ther		P	Private Pay			Managed Care			Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	68	84. 0	\$97. 88	0	0. 0	\$0.00	9	100.0	\$110.00	0	0. 0	\$0.00	77	85.6%
Intermediate				11	13.6	\$80. 59	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	11	12.2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				2	2. 5	\$125. 28	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	2	2. 2%
Traumatic Brain Inj	. 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0. 0		81 1	100. 0		0	0. 0		9	100.0		0	0. 0		90	100.0%

County: Fond Du Lac
FOND DU LAC COUNTY HEALTH CARE CENTER

Page 2

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services, an	d Activities as of 12/	31/00
Deaths During Reporting Period							
				Total			
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	13. 3		44. 4	42. 2	90
Other Nursing Homes	30.0	Dressi ng	32. 2		45. 6	22. 2	90
Acute Care Hospitals	<b>45</b> . <b>0</b>	Transferring	47. 8		40. 0	12. 2	90
Psych. HospMR/DD Facilities	10.0	Toilet Use	44. 4		28. 9	26. 7	90
Rehabilitation Hospitals	5. 0	Eating	52. 2		37. 8	10. 0	90
Other Locations	5. 0	************	**********	*****	*******	*******	******
Total Number of Admissions	20	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6. 7	Receiving Resp	i ratory Care	0. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	<b>50.</b> 0	Receiving Trac	heostomy Care	1. 1
Private Home/With Home Health	4. 2	Occ/Freq. Incontine	nt of Bowel	37. 8	Receiving Suct	i oni ng	1. 1
Other Nursing Homes	12. 5				Receiving Osto	omy Care	1. 1
Acute Care Hospitals	8. 3	Mobility			Receiving Tube	Feedi ng	1. 1
Psych. HospMR/DD Facilities	4. 2	Physically Restrain	ed	16. 7	Receiving Mech	anically Altered Diets	47. 8
Rehabilitation Hospitals	0. 0	i I				, and the second	
Other Locations	0.0	Skin Care			Other Resident C	haracteri sti cs	
Deaths	70. 8	With Pressure Sores		6. 7	Have Advance D	i recti ves	97. 8
Total Number of Discharges		With Rashes		8. 9	Medi cati ons		
(Including Deaths)	24	I				hoactive Drugs	88. 9

		0wn	ershi p:	Bed	Si ze:	Li censure:			
	Thi s	Gov	ernment	50-	- 99	Ski l	lled	All	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94. 9	86. 7	1.09	86. 6	1. 10	87. 0	1.09	84. 5	1. 12
Current Residents from In-County	71. 1	58. 7	1. 21	69. 4	1.02	69. 3	1.03	77. 5	0. 92
Admissions from In-County, Still Residing	<b>45</b> . <b>0</b>	28.8	1.57	19. 5	2.30	22. 3	2.01	21.5	2.09
Admissions/Average Daily Census	21. 3	<b>57.</b> 6	0.37	130.0	0. 16	104. 1	0. 20	124. 3	0. 17
Discharges/Average Daily Census	25. 5	61.8	0.41	129.6	0. 20	105. 4	0. 24	126. 1	0. 20
Discharges To Private Residence/Average Daily Census	1. 1	17. 2	0. 06	47. 7	0. 02	37. 2	0. 03	49. 9	0.02
Residents Receiving Skilled Care	85. 6	82. 5	1.04	89. 9	0. 95	87. 6	0. 98	83. 3	1.03
Residents Aged 65 and Older	80. 0	88. 2	0. 91	95. 4	0.84	93. 4	0.86	87. 7	0. 91
Title 19 (Medicaid) Funded Residents	90. 0	80.0	1. 12	68. 7	1. 31	70. 7	1. 27	69. 0	1.30
Private Pay Funded Residents	10. 0	16.8	0. 59	22. 6	0. 44	22. 1	0. 45	22.6	0.44
Developmentally Disabled Residents	3. 3	0. 9	3. 90	0. 7	4. 66	0. 7	4. 67	7. 6	0.44
Mentally Ill Residents	93. 3	48. 7	1. 92	35. 9	2. 60	37. 4	2. 50	33. 3	2.80
General Medical Service Residents	0. 0	17. 6	0.00	20. 1	0.00	21. 1	0.00	18. 4	0.00
Impaired ADL (Mean)	42. 4	43. 1	0. 99	47. 7	0.89	47. 0	0.90	49. 4	0.86
Psychological Problems	88. 9	59. 3	1. 50	49. 3	1. 80	49. 6	1. 79	50. 1	1.77
Nursing Care Required (Mean)	8. 5	7. 2	1. 18	6. 6	1. 29	7. 0	1. 20	7. 2	1. 18